

Performance update adult social care, public health and active lifestyles

Date: 15 June 2021

Report of: Directors of Adults and Health, Public Health, City Development

Report to: Scrutiny Board (Adults, Health and Active Lifestyles)

Will the decision be open for call in? Yes No

Does the report contain confidential or exempt information? Yes No

What is this report about?

Including how it contributes to the city's and council's ambitions

- This report provides an overview of outcomes and service performance related to the council and city priorities within the remit of the Adults and Health Scrutiny Board. Reflecting delivery of Best Council Plan priorities and the council's performance management framework relevant to this Scrutiny Board.
- This report focuses on 2020-21 quarter 4 and year-end performance information (or latest available where Quarter 4 data is not yet available). The report is for information, providing assurance that current performance is visible, understood and responded to. It also serves as information to the Board when considering areas to undertake further scrutiny work.

Recommendations

- a) It is recommended that the Board consider and comment on the performance information contained in the report and appendices, noting the assurance provided and considering if any additional information or further scrutiny work would be of benefit.

Why is the proposal being put forward?

- 1 This report provides an overview of outcomes and service performance related to the council priorities and services within the remit of the Adults, Health and Active Lifestyles Scrutiny Board. It is intended as a succinct overview ensuring visibility, providing assurance and informing ongoing scrutiny work.
- 2 This report provides an update on progress in delivering the council and city priorities in line with the council's performance management framework and the Best Council Plan. It also relates to city and council strategies including the Health and Well Being Strategy, the Leeds Health and Care Plan and the Better Lives Strategy.
- 3 Updates against city and council priorities are brought to the Board to inform the start of the scrutiny year and the annual budget setting cycle. This report is in a new format with the majority of the updates in the respective appendices. The report is presented in three distinct sections reflective of council accountabilities. These are Public Health, Adult Social Care and Active Lifestyles. While there are commonalities in how these relate to the citizens of Leeds the appendices are in effect distinct reports, with the covering report offering an introduction. Feedback on the new report format is welcomed, specifically on how best to present the three areas of Public Health, Adult Social Care and Active Lifestyles.
- 4 Appendices 1a & 1b update on population health outcomes and the use of services commissioned by local authority public health teams in Leeds. The first appendices providing a commentary and the second tables and graphs. These support the monitoring of health inequalities in Leeds and public health service outcomes. This report includes the following outcome updates.

% Adults over 18 that smoke - The percentage of adults over 18 who smoke continues to decline from 18.4% (Q4 2020/21) to 17.8% (Q4 2020/21). There has also been a small reduction for Deprived Leeds over the same period from 28.8% to 28.7%

The percentage of adults with a BMI over 30, for Leeds it is 23.1%, and Deprived Leeds 27.7%. The rates have remained relatively stable throughout the year, seeing similar rates in Q3, 22.8% (Leeds) and 27.1% (Deprived Leeds).

The suicide rate has slightly increased for Leeds and declined for Deprived Leeds in the latest period (2018 – 2020). The rate for Leeds is 11.9, up from 11.2 in 2017 – 2019. The rate for Deprived Leeds is 15.2, down from 17.2. The changes are not statistically significant.

Other outcomes updated included:

- Mortality rates in respect to cardiovascular disease, respiratory mortality, cancer, alcoholic liver disease and excess winter deaths
- Childhood obesity rates among Reception and Year 6 pupils.

Operational indicators related to

- NHS Health Check invitations offered and checks completed
- People referred or signposted to stop smoking services from GP practices'
- Completions of drug dependency treatment and of alcohol dependency treatment
- Recorded diabetes
- Breast feeding % maintenance at 6-8 weeks
- Emergency Admissions from Intentional Self-Harm

- 5 Appendices 2a & 2b update on Adult Social Care, this is based largely on Adult Social Care Outcomes Framework (ASCOF). Results for 2020-21 are provisional they will be published with comparator information later in the year. Due to Covid national surveys of service users and carers were not undertaken, this has reduced the number of ASCOF measures available.

Adults Social Care in Leeds provides a range of care and support services to help meet the needs of older people, people with a learning disability, those with mental health issues and people with a physical or sensory impairment. During 2020/21, Adult Social Care in Leeds provided long term support to 10,616 people, 6,457 of whom were aged 65 and over. At the end of March 2021 there were 6,614 people who had an open case and who had been in receipt of long term support for over 12 months, 3,265 of whom were aged 65 or over.

A draft version of the annual Short and Long Term service users (SALT) national data return for 2020/21 has been completed. This reflects the impact of COVID-19 on social care demand. Requests for support are down compared to last year by 18% for 18-64 year olds and by 35% for Over 65s, it is requests for services for people being discharged from hospital that account for the majority of this decrease. The overall number of Long Term Service Users supported in year are broadly in line with the previous year with a 3% increase in the number of 18-64 year olds supported and a 2% reduction for over 65 year olds.

- 6 Appendix 3 is an update on More Adults are Active. This is based on the national Active Lives Survey (ALS), carried out by Sport England. This provides the data for the “percentage of people who are inactive” Best Council Plan 2020-2025 performance indicator. The Survey samples around 2,000 Leeds’ residents on a rolling basis; with “inactive” defined as undertaking less than 30 minutes of moderate activity per week. The November 2019 – November 2020 result indicates that 25.6% of adults in Leeds were inactive representative of 163,900 people. The update reflects the impact of the pandemic on physical activity, changing how people are active and in reducing overall activity levels, both locally and nationally, and the Active Leeds initiatives to mitigate this. An active travel update is not provided in this report due to the impact of the pandemic, including data capture.

What impact will this proposal have?

Wards Affected: All

Have ward members been consulted? Yes No

- 7 This is an update paper on city outcomes and service performance there are no specific proposals.

What consultation and engagement has taken place?

- 8 This is an information report and as such does not need to be consulted on with the public. However performance information is published on the council’s website and is available to the public, locally and often through national publications and websites.

What are the resource implications?

- 9 There are no direct resource decisions involved in this report. How resources are best used to achieve priorities is relevant especially given our asset based and strengths based approach. The current need to prioritise resources in response to Covid-19 are relevant in considering performance.

What are the legal implications?

- 10 All performance information is publicly available. This report is an information update providing Scrutiny with a summary of performance for the strategic priorities within its remit and as such is not subject to call in.

What are the key risks and how are they being managed?

- 11 In presenting performance against key priorities key risks and challenges are highlighted. This report forms part of a comprehensive risk and performance management process in the council to monitor and manage key risks. The council's most significant risks are available and can be accessed via the council's website.

Does this proposal support the council's 3 Key Pillars?

Inclusive Growth

Health and Wellbeing

Climate Emergency

- 12 Equality issues are implicit in the priorities presented in this report. As a broad headline report the detail is not necessarily provided, accepting that some of the outcomes and services included directly relate to user groups that match protected characteristics. The adult social care and many of the health outcomes relate to vulnerable adults and reflect how well their needs are being met and their vulnerabilities addressed. The purpose of the strategic and operational activity in this report is to ensure that the needs of people at risk of poor outcomes are identified and responded to at both individual and community levels. Protected equalities characteristics such as race and sexuality are considered in the design and operation of services.
- 13 There are no specific climate change implications from this report. However in broad terms the promotion of healthy lifestyles and the maintenance of good health and independence is supportive of addressing the impact on the climate emergency, an example being walking and cycling as means of travel.

Options, timescales and measuring success

a) What other options were considered?

- 14 Not applicable

b) How will success be measured?

- 15 Not applicable

c) What is the timetable for implementation?

- 16 Not applicable

Appendices

- 17 Appendix 1a: Public Health update paper (summary of key issues)
- 18 Appendix 1b: Public Health Q4 Performance Indicators
- 19 Appendix 2a: Adults Social Care update paper (summary of key issues)
- 20 Appendix 2b: ASCOF measures (Adults Social Care Outcomes Framework)
- 21 Appendix 3 More Adults are Active

Background papers

22 None.